

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

SEP 11 2013  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 13-0323  
Date: 9-23-13  
Amount Paid: \$2,912.00  
Refund: 9-11-13

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILE OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		C & M Properties of Ashland, LLC		Mailing Address:		City/State/Zip:		Telephone:
		26825 Hwy 118		Ashland, WI 54806				715-746-2268
Address of Property:		State Farm Road		City/State/Zip:				Cell Phone:
		Ashland, WI 54806						715-492-2270
Contractor:		Amie Mackey Construction, Inc.		Contractor Phone:		Plumber:		Plumber Phone:
				715-682-9128		Brown Plumbing & Heating, Inc.		715-292-0029
Authorized Agent: (Person signing Application on behalf of Owner(s))				Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-080-2-47-05-10-1 04-000-1000		Recorded Document: (i.e. Property Ownership) Volume 11 Page(s) 37		
SE 1/4, NE 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page
				1		1845		11 37
Section 10, Township 47 N, Range 5 W				Town of:		Eileen		Lot Size
								Acres
								8.52 (Rb)

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project (what are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$1,164,676.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Existing Tank
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
		<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: 300'-0"	Width: 80'-0"	Height: 28'-0"
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(360 x 80')	24,000
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	( )
	<input type="checkbox"/> with Loft	( )	( )
	<input type="checkbox"/> with a Porch	( )	( )
	<input type="checkbox"/> with (2nd) Deck	( )	( )
	<input type="checkbox"/> with (2nd) Deck	( )	( )
	<input type="checkbox"/> with Attached Garage	( )	( )
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	( )
	<input type="checkbox"/> Mobile Home (manufactured date)	( )	( )
	<input type="checkbox"/> Addition/Alteration (specify)	( )	( )
	<input type="checkbox"/> Accessory Building (specify)	( )	( )
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( )	( )
<input type="checkbox"/> Rec'd for Issuance			
<input type="checkbox"/> Special Use: (explain)		( )	( )
<input type="checkbox"/> Conditional Use: (explain)		( )	( )
<input type="checkbox"/> Secretarial Staff	Other: (explain)	( )	( )

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Amie Mackey Construction, Inc.  
(If there are Multiple Owners listed on the Deed all Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: C&M 26825 State Hwy 118, Ashland, WI 54806  
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attached Plan.

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	70 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	330 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	151.5 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	70 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	290 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	76 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

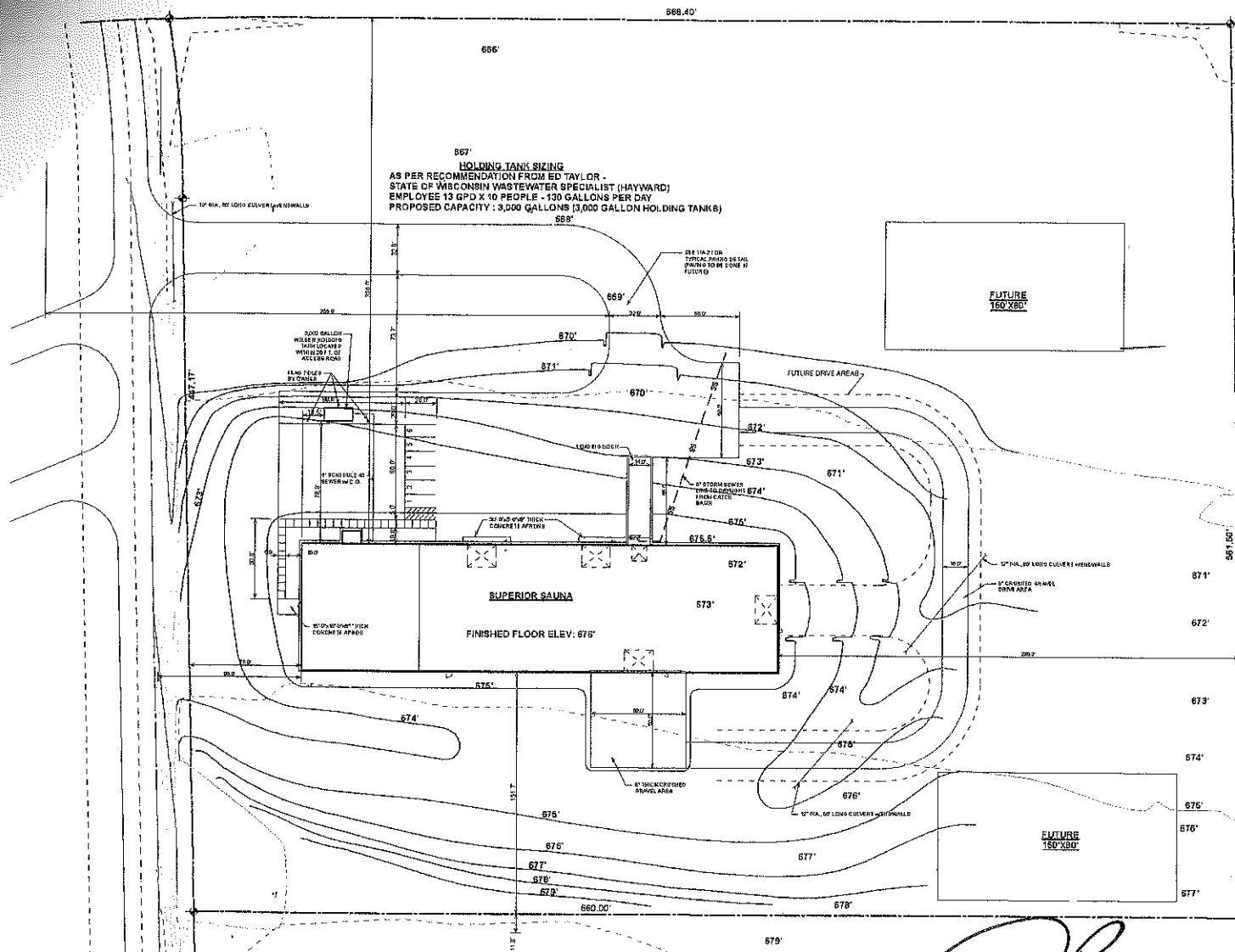
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

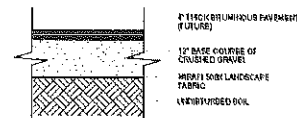
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>13-1068</u>	# of bedrooms: <u>0</u>	Sanitary Date: <u>9-19-13</u>		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>13-0323</u>		Permit Date: <u>9-23-13</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Case #: <u>NA</u>	Previously Granted by Variance (B.O.A.)		Case #: <u>NA</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: inspected 9-13. site not staked. called contractor to stake site. reinspection 9-17. site staked.		Inspected by: <u>Sen. Crehan, Murphy</u>				
Date of Inspection: <u>9-13-13</u>		Date of Re-Inspection: <u>9-17-13</u>				
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if they need to be attached)		Zoning District: <u>(C)</u> Lakes Classification: <u>(NA)</u>				
Buildings not approved for human habitation. Any necessary permits + inspections from Commercial Buildings staff RE submitted.		Date of Approval: <u>9-18-13</u>				
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>9-18-13</u>				
Hold For Sanitary: <input checked="" type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

WHAT IS ZONING? DID IT GET REZONED TO Commercial?



**SITE PLAN**  
SCALE: 1" = 30'



**PAVEMENT DETAIL**  
SCALE: 1" = 1'-0"

**LEGAL DESCRIPTION**

LOT ONE (1), CERTIFIED SURVEY MAP NO. 1846 AS RECORDED IN THE OFFICE OF THE REGISTER OF DEEDS FOR BAYFIELD COUNTY IN VOLUME 11 OF CERTIFIED SURVEY MAPS, PAGE 37 AS DOCUMENT NO. 20113R-550151  
SECTION 12, TOWNSHIP 47N, RANGE 6N, TOWN OF EILEEN, BAYFIELD COUNTY WISCONSIN.

- KEY:**
- > DRAINAGE DIRECTION
  - +— PROPERTY CORNER
  - P— P— PROPERTY LINE
  - CW — WATER LINE
  - SS — SEWER LINE
  - G — G.P. GAS LINE
  - E — ELECTRIC LINE
  - • • • • FENCE
  - • • • • TANK
  - • • • • BUILDING DIMENSIONS
  - • • • • EXISTING OUTDOOR LIGHT TOWER
  - • • • • EXISTING OUTDOOR LIGHT TO CHANGE
  - • • • • NEW OUTDOOR LIGHT

*Holding Tank Component Manual  
(Version 2.0) and SBA-10855-P (N. 03/07)*

*Tony Brown  
MP# 664303*

**SITE PLAN**

**SUPERIOR SAUNA & STEAM MFG, LLC**

13-2576

A-2

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SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR SIGN

BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

AUG 21 2013

Bayfield Co. Zoning Dept.

Permit #:	13-0330
Date:	9-25-13
Amount Paid:	1500 9-3-13
Refund:	1500-13 OK signed

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Property Owner(s) Name: C & M Properties		Mailing Address: 26865 St Hwy 118		City/State/Zip: Ashland, WI 54806		Phone: 715-746-2268	
Sign Owner(s) Name: Superior Source		Mailing Address: 26865 St Hwy 118		City/State/Zip: Ashland, WI 54806		Phone: 715-746-2268	
Address of Property: 68675 State Farm Rd		City/State/Zip: Ashland, WI 54806		City/State/Zip: Ashland, WI 54806		Phone: 715-746-2268	
Contractor: Chuck P. Pota		Contractor Phone: 715-746-2268		Address: 26865 State Hwy 118, Ashland, WI		Written Authorization Attached: Yes	
Authorized Agent: Person signing Application on behalf of Owner: Chuck Pota		Agent Phone: 715-746-2268		Agent Mailing Address (include City/State/Zip): 11		Written Authorization Attached: Yes	
PROJECT LOCATION: Legal Description: (Use Tax Statement) 1/4, 1/4 Gov't Lot 1 Lot(s) 1845 Vol & Page 11/37 Lot(s) No. 1000 Subdivision: 1000		PIN: (23 digits) 04-020-2-47-05-10-1-04-000-1000		Recorded Document: (i.e. Property Ownership) Volume Page(s)		Are Wetlands Present? Yes No	
Section 10, Township 47 N, Range 05 W		Town of: FIFTEEN		Lot Size		Acreage	

<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->	Distance Structure is from Shoreline: feet	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? Yes No	Are Wetlands Present? Yes No	
<input checked="" type="checkbox"/> On-Premise	<input checked="" type="checkbox"/> New	<input type="checkbox"/> 1-Sided				
<input type="checkbox"/> Off-Premise	<input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> 2-Sided	6 ft	4 ft	6 ft	
<input type="checkbox"/> Multi-Tenant						
Value at Time of Completion * Include donated time & material	Project (What are you applying for)	Type	Length	Width	Height	Located in Town of Bayfield <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
\$ 500 (per hour)						

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

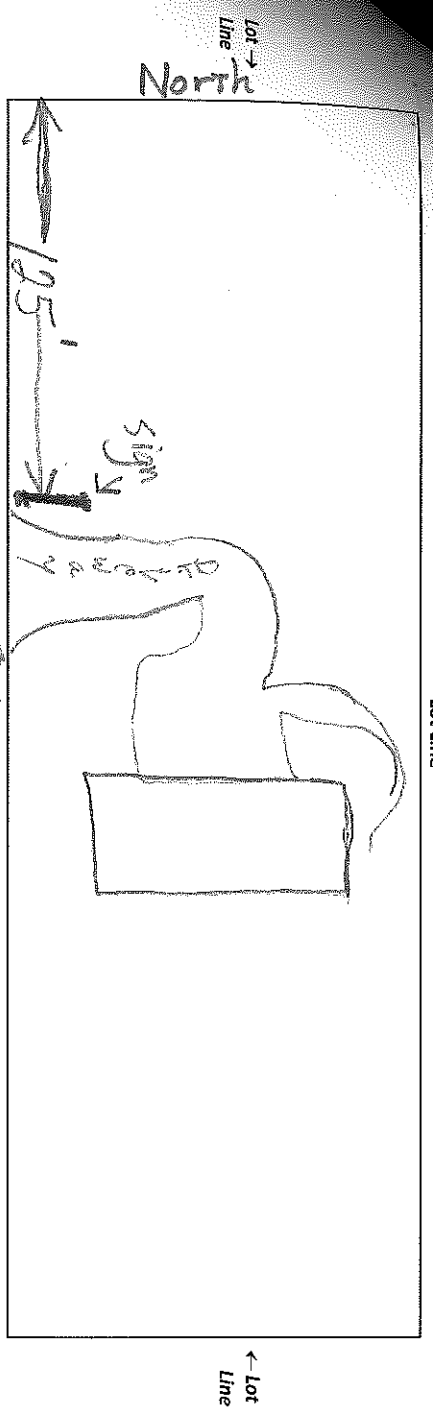
Owner(s): Chuck Pota  
Date: 8-19-13  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Applicant(s):  
Date: 8-19-13  
(If you are applying for an Off-premise sign, the property owners must also sign this form)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Date: 8-19-13

Address to send permit: 26865 State Hwy 118, Ashland, WI 54806  
Rec'd for Issuance  
SEP 25 2013  
Secretarial Staff  
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
The local Town, Village, City, State or Federal agencies may also require permits.  
PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

*I Need to be aware of it) not a guide*  
*new.*  
*Check for important*  
*Details of plan is necessary*

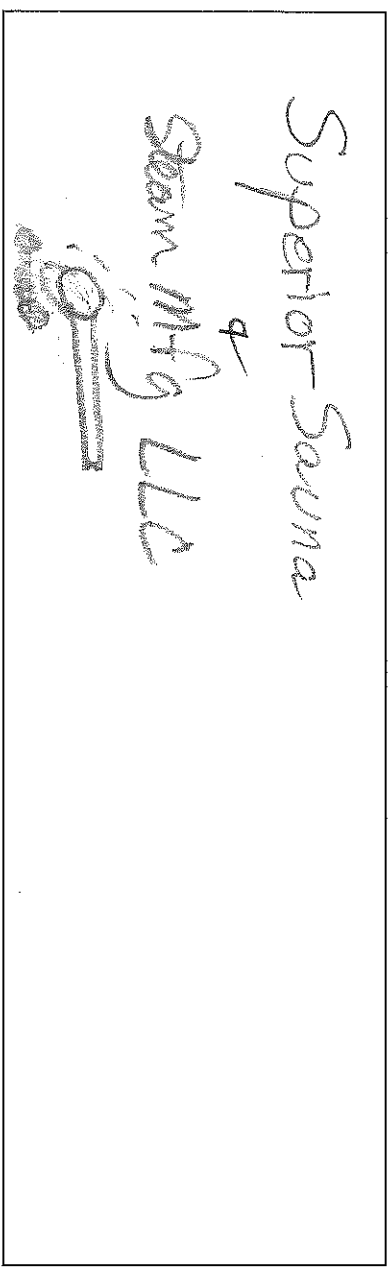


Setbacks: (measured to the closest point)

Name Frontage Road State Farm Rd  
68670

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the North Lot Line	Feet
Setback from the Established Right-of-Way	5 Feet	Setback from the South Lot Line	Feet
Setback from Lake, River, Stream or Pond	Feet	Setback from the West Lot Line	Feet
Setback from Other Signs	Feet	Setback from the East Lot Line	Feet

Sign Plan  
 (Fill in Information Desired on Sign)



Issuance Information (County Use Only)		Permit Number: <u>13-0330</u>	Permit Date: <u>9-25-13</u>
Permit Denied (Date): <u>9</u>		Reason for Denial:	
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: site not staged initially. met w/ owner & property.		Lakes Classification: <u>N/A</u>	
Date of Inspection: <u>9-3-13</u>	Inspected by: <u>CECILE M. MURPHY</u>	Date of Re-Inspection: <u>9-13-13</u>	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)			
Sign shall not be closer than 3ft to a property or R.O.W. line & shall not extend to it & all above around letter per			
Signature of Inspector:			Date of Approval: <u>13-1-8</u>





Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attached map

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100 Feet	Setback from the Lake (or ordinary high-water mark)	240 Feet
Setback from the Established Right-of-Way	85 Feet	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	
Setback from the South Lot Line	1160 Feet	Setback from Wetland	
Setback from the West Lot Line	575 Feet	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	715 Feet	Elevation of Floodplain	
Setback to Septic Tank or Holding Tank	> 300 Feet	Setback to Well	> 300 Feet
Setback to Drain Field	> 360 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 13-0339		Permit Date: 9-30-13				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	N/A
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	N/A	Case #:	N/A	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Inspection Record:		Zoning District (A51)		Lakes Classification ( )		
Proposed location as represented by owner appears to be Code Compliant.		Date of Inspection: 9/27/2013		Inspected by: Robert Schierman		
Date of Inspection: 9/27/2013		Inspected by: Robert Schierman		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
For Personal or Wholesale Use only. On-site sales would require additional permitting.						
Signature of Inspector:		Date of Approval: 9/27/2013				
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

# County, WI

